## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # N02000008917 02-16-2006 90042 019 \*\*\*\*61.25 1. Entity Name EMERALD COAST ARCHAEOLOGY SOCIETY, INC. Principal Place of Business Mailing Address ECAS, INC. ECAS, INC. 333 PERSIMMON ST. FREEPORT FL 32439 333 PERSIMMON ST. FREEPORT FL 32439 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) 4. FEI Number Applied For City & State City & State 54-2083669 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUCAS, BILLY F Street Address (P.O. Box Number is Not Acceptable) **BILLY F. LUCAS** 333 PERSIMMON ST. FREEPORT FL 32439 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when revistating) FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE ☐ Change ☐ Addition LUCAS, JEAN D NAME NAME STREET ADDRESS 333 PERSIMMON ST. STREET ADDRESS FREEPORT FL 32439 CITY-S1-ZIP CITY-ST-ZIP VŊ TITLE ☐ Delete TITLE ☐ Change ☐ Addition ABOOD, TOMMY NAME NAME 3857 INDIAN TRAIL #403 STREET ADDRESS STREET ADDRESS DESTIN FL 32541 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NUNNERY, TOYCEC BIB VAUGHN ST NAME LUCAS, BILLY F NAME STREET ADDRESS STREET ADDRESS 333 PENCIMMON ST CITY-ST-ZIP FREEPORT FL 32439 CITY-ST-7IP FORT WALTON BEACH, FL 32548 TO ■ Addition TD Change TITLE ☐ Delete TIT: F NUNNERY, JOYCE C PATRICIA BALANZATEGUI NAME NAME 169 MONAHAN DR. STREET ADDRESS STREET ADDRESS 313 VAUGHN ST FORT WALTON BEACH, FL 32547 FORT WALTON BEACH FL 32548 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Detete ☐ Addition NAGEL, ROBERT NAME NAME 1536 BLUE GRASS LN STREET ADDRESS STREET ADDRESS LYNN HAVEN FL 32444 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Billy T. Lucas

Billy F. Lucas

Frb 2 2006

FILED

Feb 16, 2006 8:00 am

850-897-3754